

Whittington Health Trust Board

24 October 2012

Title:	2012/13 Corporate Objectives – six month progress report					
Agenda item:	10		Paper		F	
Action requested:	For discussion					
Executive Summary:	<p>This report provides a half year review of progress against the 2012/13 Corporate Objectives.</p> <p>Overall we are making steady progress across most areas.</p> <p>The Board is asked to discuss the report.</p>					
Summary of recommendations:	The Board is asked to discuss the progress made to date					
Fit with WH strategy:	This paper updates the board on progress towards achievement of Whittington Health strategic goals,					
Reference to related / other documents:	Board Assurance Framework					
Date paper completed:	15 October 2012					
Author name and title:	<i>Dr Yi Mien Koh, Chief Executive</i>		Director name and title:		<i>Dr Yi Mien Koh, Chief Executive</i>	
Date paper seen by EC		Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?



Corporate Objectives 2012/13 – Six month progress report

Objective	SRO	Rating	Comments
1. Delivering integrated care across Whittington Health	GB	A	
a. Collaborating with GPs, social services and other NHS providers to deliver integrated care strategy	GB	A	East Haringey integrated pilot implemented to positive feedback from GPs. Model now needs to be rolled out across Haringey and Islington.
b. Improving data quality and developing innovative metrics to enable real time monitoring and reporting of performance	MDS	A	New performance manager in post.
c. Improving communication with GPs by having electronic communication as standard and using a GP portal	MDS	A	Paediatrics have a dedicated email address for GPs. More needs to be done Trust wide to implement; GP portal not operational until EPR in place in May 2013.
d. Electronic Patient Record to go live in April 2013	YMK	A	EPR Programme Board in place. "Go live" date for hospital (Phase 1) planned for 4 May 2013. Community system due in Phase 2 in April 14.
2. Ensuring "no decision about me without me"	BS	A	
a. Improving the patient experience by one quartile as measured by national annual inpatient and outpatient surveys	BS	A	Improvement in Cancer Patient Experience. "Friends and Family" test to be implemented by April 2013. Plans in place to achieve this by April 2013. Paper going to Quality Committee November 2012.
b. Fifty percent of all communication with patients are to be by electronic media in 2012/13, and 75% by 2013/14	MDS	R	No action to date. Needs implementation plan and policy
c. Achieving 100% of discharge letters to be sent to GPs and patients within two working days	MDS/MK	A	Applies to inpatient discharge letters at present. Not yet implemented in outpatients
d. Implementation of enhanced recovery pathways across all surgical and relevant medical specialities, putting patients at the centre of their own recovery	MK	R	Enhanced Recovery Programme started this month.
3. Delivering efficient, effective services	RM	A	As measured by reference costs and KPIs
a. Meeting key national performance indicators and standards	MDS	A	On track with most KPIs other than A&E 4 hour wait target
b. Achieving statutory financial duties including national mandatory financial targets	RM	G	On plan.
c. Delivering £13.1 m Cost Improvement Programme (CIP)	MDS/RM	G	YTD 86% achievements of CIP. On track for 100% by year end.
d. Full implementation of Service Line Management	RM	A	Service Line reference costs are used to set CIPs for 2014/15. Training in SL reports are being rolled out to consultants.
e. Achieving productivity levels equal to the peer group average as measured by reference cost index	MDS/RM	A	Reference cost of 105 in 2011/12 (improved from 110 for hospital and 106 for community in 2010/11)

f. Be on trajectory to achieve top quartile performance on indicators set out in NHS London Healthcare Benchmarking tool (http://lhbt.london.nhs.uk/lhbtool.aspx)	ALL	A	The tool measures performance across efficiency, staff, patient flow, quality, access and finance. Overall rating of AMBER
g. Adoption of LEAN across the trust by meeting Unipart project milestones	MDS	A	Project implementation delayed due to extended consultation.
4. Improving the health of the local population	MK	A	
a. Maintaining top decile safety record as measured by Standardised Hospital Mortality Indicator and other mortality indicators	MK	G	Latest SHMI (Quarter 2) of 69 is still the lowest in the country
b. Operating a 7 day organisation	MK	A	Work in progress. Needs all consultants to be engaged
c. Improving compliance with local targets set out in Performance Dashboard as measured by step change in RAG ratings	MDS	A	Improved monitoring of local targets to track progress
d. Meeting waiting times targets for community services, notably musculo skeletal, physiotherapy and podiatry services	MDS	G	Maximum 6 week wait as standard for all routine adult community services
e. Implementing the health promotion strategy	YMK	G	Public Health Programme Board established to oversee implementation. CQUINS for alcohol and smoking
f. Achieving organisational equality objectives	MDS	G	Diversity and Equality Steering Group monitoring implementation.
5. Fostering a culture of innovation and continuous improvement	All	A	
a. Adoption of an innovation strategy	MK	G	Strategy to be discussed at Quality Committee on 21 Nov
b. Achieving Foundation Trust Accountability Agreement milestones	YMK	A	Delayed HDD1 but on track with Single operating Model (successor to Tripartite Formal Agreement)
c. Delivering service transformations as set out in QIPP programme	MDS	A	Delayed due to limited management capacity and weak clinical engagement
d. Implementation of workforce and staff engagement strategies	MDS	A	Rolling out staff engagement strategy. (also see BAF)
e. Implementation of communication plan	MDS	G	Plan in progress
f. Implementation of the estates and sustainability strategies, including smart working	RM	G	Work in progress
g. Integrating research, clinical audits and teaching into professional development	MK	G	Work in progress
h. Achieving the mandatory training target of 90%	ALL	R	Current level is 70%
i. Improving appraisal completion rates to at least 75% in 2012/13 and 90% in 2013/14	ALL	R	Current level is 20% due to under reporting
j. Implementation of Whittington Health strategy	YMK	G	The integrated care strategy has commissioner support with a two year block contract and implemented the integrated care pilot
k. Ensuring that both undergraduate and postgraduate education is central to Whittington Health's core business	MK	G	Excellent feedback from trainees and students who rate the hospital a top training location.